FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY -1 PM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F83671** **(O)**

1. Corporate Name

P. J. APPLIANCE REPAIR, INC.

Principal Office Address
1520 42ND ST N.W
WINTER HAVEN FL 33881

Mailing Address
1520 42ND ST N.W.
WINTER HAVEN FL 33881

FOR OFFICE USE ONLY

3. Date Incorporated or Qualified: 06/02/1982

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

City, State, Zip — 22

City, State, Zip — 27

County — 23

County — 28

24 — 25 — 29 — 30

4. FEI Number: 59-2214714

Applied For

Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. Does corporation qualify as a small business under S. 288.703 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PROFERES, PATRICE
703 EUGENA DR.
AUBURNDALE FL 33823

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The street address of its registered office and the name of its registered agent are identical to those as shown for the registered office or registered agent on file with the Department of State, Division of Corporations, pursuant to Section 607.0501, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PROFERES, PETER
STREET ADDRESS	703 EUGENA DR
CITY ST ZIP	AUBURNDALE FL 33823
TITLE	VPS
NAME	PROFERES, PATRICE
STREET ADDRESS	703 EUGENA DR
CITY ST ZIP	AUBURNDALE FL 33823
TITLE	T
NAME	LONG, ELAINE
STREET ADDRESS	703 EUGENA DR
CITY ST ZIP	AUBURNDALE FL 33823

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this form is accurate. Intentional misstatement or omission of material fact constitutes false and fraudulent filing and is punishable by fine and imprisonment. I understand that the annual report or supplemental annual report is due and payable and that no reminder will be sent. I understand that the signature shall have the same legal effect as if made under oath; that I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in Section 817.155, Florida Statutes. I understand that the annual report or supplemental annual report must be signed and dated within sixty days prior to the date it is received for filing by the Department of State. I understand that the annual report or supplemental annual report must be signed by an officer or director of the corporation or by a person authorized by the corporation. I understand that the annual report or supplemental annual report must be accompanied by the proper filing fee.

SIGNATURE: Patrice M. Proferes 4/28/95 8/3 7-6/31

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0310233 CP